FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S70472

(3)

DOCUMENT # 1. Corporation Name

Pr

IO OF JUPITER, INC.

MACH A E COLONIAL DRIVE	0105 51015
incipal Place of Business	Mailing Addres

3461-A E. COLONIAL DRIVE ORLANDO FL 32803

6195 EAGLE'S NEST RD

JUPITER FL 33458

US		US		3. Date Incorporated or Qualified 07/29/1991	3a. Date of Last Report 04/24/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
<u> </u>		26		59-3077140	Not Applicable
Suite, Apt. #	¥, etc.	Suite. Apt. #, etc 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 1	Country 25	Ζφ 29	Gountry 30	8. This corporation has liability for in Florida Statutes Yes	ntangible tax under s 199.032,
Name and Address of Current Registered Agent			10. Name and Address of New Re	egistered Agent	
***			81 N	anie	
WHITE, CHARLES R. L. 725 N HWY A1A STE E-102 JUPITER FL 33477			82 St	reet Address (P.O. Box Number is Not Acceptable	e)
			83		
			84 Ci	ity	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lamifamiliar with, and accept the obligations of Section 607.0505. Florida Statutes

TOTAL TITLE	is and accept the obligations of Section oc	77.0303, Florka Clardies		
SIGNATURE .	Agratine, typed or printed name of require who jet the inter-	if acceptable (NO	E. Forgotored Agent signature required	when receivance. DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	Larkin, Thomas W.		1.2 NAME	
STREET ADDRESS	6195 EAGLE'S NEST RD		1.3 STHEE" ADDRESS	
CITY-ST-ZIP	JUPITER FL		1.4 CIYY - S1 - ZIP	
TITLE	D	DELETE	2 1 TITLE	Change Addition
NAME	LARKIN, MARLENE I.		2.2 NAME	
STREET ADDRESS	6195 EAGLES'S NEST RD		2.3 STREET ADDRESS	
CHTY - ST - ZIP	JUPITER FL		2 4 CITY - ST - Z-P	
THTLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
C(TY-ST-2IP			3.4 CHY+ST_ZIF	
TITLE		☐ DELETE	4 1 Title	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 \$1REEL ADDRESS	•
CITY -ST - ZIP			4.4.011 y - ST - ZIP	
TITLE		□ DELETE	5 1 TITLE	Change Addition
NAME			5 2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY+S1+ZIP	
TITLE		☐ DELETE	6 1 THILE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CHY ST ZIP	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119 07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60?, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

thomas W. Fur ha. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/6/96 (407) 898-7744 District Charles